

California Resident Income Tax Return

For Single and Joint Filers With No Dependents 1998

FORM

540EZ

Step 1

Place
label here
or printName
and
Address

Your first name	Initial	Last name	Do Not Write In These Spaces
If joint return, spouse's first name	Initial	Last name	
Present home address — number and street including PO Box or rural route		Apt. no.	
City, town or post office		State	
			P
			AC
			A
			R
			RP

Step 1a

SSN

Your social security number	If joint return, spouse's social security number	IMPORTANT: Your social security number is required.

Step 2

Filing
Status

- 1 ☐ Single
- 2 ☐ Married filing joint return (even if only one spouse had income)
- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she choose not to, check here ☐ 6 ☐

Step 3

Taxable
IncomeAttach check
or money
order here.

- 12a State wages from your Form(s) W-2, box 17. ☐ 12a ☐
- 12b Federal adjusted gross income from your TeleFile Tax Record, line H; or your Form 1040EZ, line 4; or your Form 1040A, line 18; or your Form 1040, line 33 ☐ 12b ☐
- 13 Unemployment compensation from your federal TeleFile Tax Record, line D; or Form 1040EZ, line 3; or Form 1040A, line 12; or Form 1040, line 19 ☐ 13 ☐
- 14 Subtract line 13 from line 12b. This is your California adjusted gross income. ☐ 14 ☐
- 15 Did you check the box on line 6?
Yes. Complete the California Standard Deduction Worksheet for Dependents on Side 2, Part I.
No. If single, enter \$2,642. If married filing joint, enter \$5,284 ☐ 15 ☐
- 16 Subtract line 15 from line 14. This is your taxable income. If it is more than \$50,000, STOP. You must use Form 540A or Form 540. If line 15 is more than line 14, enter -0- ☐ 16 ☐

Step 4

Tax and
CreditsAttach copy
of your
Form(s) W-2
here.

- 17 Tax. Use the amount on line 16 and your filing status in Step 2 to find your tax in the tax table. Enter the tax from the table on this line ☐ 17 ☐
- 18 Did you check the box on line 6? Yes. Go to Side 2, Part II.
No. If single, enter \$70. If married filing joint, enter \$140 ☐ 18 ☐
- 19 Nonrefundable renter's credit. See instructions ☐ 19 ☐
- 20 Total credits. Add line 18 and line 19 ☐ 20 ☐
- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ☐ 23 ☐

Step 5

Overpaid
Tax or
Tax Due

- 24 Enter your California income tax withheld from your Form(s) W-2, box 18. If line 24 is more than line 23, go to line 31. Otherwise, go to line 32 ☐ 24 ☐
- 31 Overpaid tax. If line 24 is more than line 23, subtract line 23 from line 24. Enter the result and go to line 34. If line 24 is less than line 23, enter -0- and go to line 32 ☐ 31 ☐
- 32 Tax due. If line 24 is less than line 23, subtract line 24 from line 23. Enter the result and go to line 34 ☐ 32 ☐

Step 6

Refund or
Amount
You Owe

- 34 Total contributions. Enter amount from Side 2, Part III, line 12 ☐ 34 ☐
- 35 REFUND or NO AMOUNT DUE. Subtract line 34 from line 31. Enter the result here. Go to Side 2, Part IV to sign your return ☐ 35 ☐
- 36 AMOUNT YOU OWE. Add line 32 and line 34. Enter the result here. Go to Side 2, Part IV to sign your return ☐ 36 ☐

Part I

California Standard Deduction Worksheet for Dependents

If you checked the box on Side 1, line 6 because someone can claim you (or your spouse, if married) as a dependent, even if that person chooses not to, complete this worksheet to figure the amount to enter on Side 1, line 15.

- | | | |
|---|--|---|
| 1 | Enter your total wages, salaries and tips from all your Form(s) W-2, box 1. (You may also refer to federal Form 1040EZ, line 1; Form 1040A, line 7 or Form 1040, line 7) | 1 |
| 2 | | 2 |
| 3 | Add line 1 and line 2. Enter total here | 3 |
| 4 | Minimum standard deduction | 4 |
| 5 | Compare the amounts on line 3 and line 4 above. Enter the LARGER of the two amounts here | 5 |
| 6 | Maximum standard deduction: { If single, enter \$2,642
If married filing joint, enter \$5,284 } | 6 |
| 7 | Standard deduction. Compare the amounts on line 5 and line 6. Enter the SMALLER of the two amounts here and on Side 1, line 15. | 7 |

If you did not check the box on Side 1, line 6 because no one can claim you (or your spouse, if married) as a dependent, and you are:

{	Single, enter \$2,642 on Side 1, line 15; OR
	Married filing joint, enter \$5,284 on Side 1, line 15.

Part II

If you (or your spouse, if married) can be claimed as a dependent, enter the following amounts on line 18:

- If single, enter -0-.
- If married filing joint and both you and your spouse can be claimed as dependents, enter -0-.
- If married filing joint and only one of you can be claimed as a dependent, enter \$70.

Part III

Contributions

You may make a voluntary contribution of \$1 or more to the following funds:

- | | | | |
|----|---|--------|----|
| 1 | Alzheimer's Disease/Related Disorders Fund | ◀ 48 ▶ | 1 |
| 2 | California Fund for Senior Citizens. | ◀ 49 ▶ | 2 |
| 3 | Rare and Endangered Species Preservation Program | ◀ 50 ▶ | 3 |
| 4 | State Children's Trust Fund for the Prevention of Child Abuse | ◀ 51 ▶ | 4 |
| 5 | California Breast Cancer Research Fund | ◀ 52 ▶ | 5 |
| 6 | California Firefighters' Memorial Fund | ◀ 53 ▶ | 6 |
| 7 | California Public School Library Protection Fund | ◀ 54 ▶ | 7 |
| 8 | D.A.R.E. California (Drug Abuse Resistance Education) Fund. | ◀ 55 ▶ | 8 |
| 9 | California Military Museum Fund. | ◀ 56 ▶ | 9 |
| 10 | California Mexican American Veterans' Memorial. | ◀ 57 ▶ | 10 |
| 11 | Emergency Food Assistance Program Fund | ◀ 58 ▶ | 11 |
| 12 | Total contributions. Add line 1 through line 11. Enter here and on Side 1, line 34 | | 12 |

[illegible]

Do not attach your federal return to this return.

Part IV

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

9

Your signature

Spouse's signature (if filing joint, both must sign)

Daytime phone number

$$(\quad | \quad | \quad |) \quad | \quad | \quad | \quad + \quad | \quad | \quad | \quad |$$

Sign Here

X

X

Date _____

It is unlawful to forge a spouse's signature.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/FEIN

Firm's name (or yours if self-employed)

Firm's address

Where to Mail Your Return

REFUND or NO AMOUNT DUE (Side 1, line 35):

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000

AMOUNT DUE (Side 1, line 36):

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

- Make your check or money order payable to "Franchise Tax Board."
- Write your social security number and "1998 Form 540EZ" on your check or money order.
- Attach check or money order to your Form 540EZ.